



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
227 FRENCH LANDING, SUITE 501
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243
TELEPHONE (615) 741-7221
FAX (615) 741-7051**

ALCOHOL AND DRUG NON-RESIDENTIAL BRANCH APPROVAL

This form shall be completed by any facility requesting to establish an alcohol and drug branch location. Each branch request must be submitted separately and will require a separate approval. The licensed parent facility must return the branch approval request to the appropriate Health Care Facilities regional office.

Facility Name _____

Street Address _____

City/Zip _____ Telephone # () _____

Current Branch Office Locations _____

New Branch Street Address _____

City/Zip _____ Telephone # () _____

Outline the organizational structure (or provide an organizational chart) of the:

A. Parent _____

B. Branch _____

Describe how administration, supervision and services will be shared with the parent _____

Type of services provided by this branch location (please check all that apply):

_____ Non-residential Treatment Facility

_____ Prevention Program

Name and title of the employee the branch office will report to: _____

Actual mileage from the parent office to the branch _____ Average travel time _____

Parent facility's current caseload _____ Anticipated caseload of branch _____

Comments _____

Signature and title of person completing approval request _____

Date of request _____ Requested Effective Date _____

This section is to be completed by the Division of Health Care Facilities Regional Office.

☐ I recommend approval of this branch office for licensure with an effective date of _____

☐ I recommend disapproval of this branch office because _____

Regional Administrator Date

This section is to be completed by the Division of Health Care Facilities Central Office.

Branch Office ☐ Approved ☐ Denied

Licensure Manager Date